

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	t(s) James P. Monahan; Susan H. Pa	<u>scheil</u>
II. Name of lobbyis	t's partnership, firm or corporation, if a	nny:
The Dupont Group		· ·
(Name of partnership, firm	m or corporation)	
	te 401 Concord, NH 03301 ) (Town/City) (State) (Zip Code)	
(603)228-3322	(603) 228-0713	e-mail <u>jmonahan@dupontgroup.com</u>
(Telephone)	(Fax)	
	covers: (Choose one – file separate repons which are not attributable to any one	rts for each client, OR you may file a separate report for reportable client).
All reportable	transactions occurring in the month prior t	o the reporting date relative to the following client:
Innocence Project		
<u>OR</u>	(Full Name of Client as it app	pears on the Lobbyist Registration Form)
All reportable tra		bbyist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report	April 25, 2018 🔲	July 25, 2018 🔲
Reports cover	activity from date of registration to 3/3	1/18 activity from 4/1/18 to 6/30/18
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 X activity from 10/1/18 to 12/31/18
		isactions made since the last report.   Me Secretary of State's Office, State House, Room 204, Concord, NH
VI. Check if addition If you have recei	onal reports are attached: ved fees or made expenditures, you must f	ile Addendum A- Fees and Expenses
If you have paid Reimbursement	an honorarium or reimbursed expenses, yo	ou must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm	, or your family has made political contrib	utions, you must file Addendum C- Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledge		r or affirm that the foregoing information is true and complete to the
In the		
		1/30/2019
(Signature of lobbyist)		(Date)
James P. Monahan		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: The Dupont Group
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular
client): Innocence Project
Date of Report (check one):
April 25, 2018
following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
<u>D</u> Addendum A(s).
<u>0</u> Addendum B(s).
<u>Q</u> Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
pusauH. Paschell
(Signature of lobbyist) (Date)
Susan H. Paschell
(Print Name of lobbyist)